| STATEMENT OF ORGANIZATION   |                                    | OFFICE USE ONLY  Report Number: 14826                        |
|---|------------------------------------|--|
| 4 Name and Address of Committee   | 2. Data of this Chatemant          | Troport Humbon   |
| 1. Name and Address of Committee  ELBERT L. GUILLORY CAMPAIGN  COMMITTEE  635 E. Landry St.  Opelousas, LA 70570  | 2. Date of this Statement 5/5/2008 | Date Filed: 5/5/2008   |
|   | 3. Estimated Membership            |  |
|   | 0                                  |  |
| Check If:   | 4. Amended Statement?              |  |
| New Committee X   | YesX_No                            |  |
| 5. All Committee Officers and Directors (including Chairperson, Treasurer, if any, and any other committee officers and directors) a. Name b. Position c. Address   |                                    |  |
| ELBERT L GUILLORY Chairperson   | 633 E. Landry Stree                | et   |
| Opelousas, LA 70570   |                                    |  |
| Treasurer   |                                    |  |
|   |                                    |  |
|   |                                    |  |
| 6. Affiliated Organizations (Any organization other than a political committee which directly or indirectly established administers or financially supports this committee )  a. Name  b. Address  c. Relationship to Committee |                                    |  |
| 7. All Depositories for Committee Funds (committee funds must be deposited in one or more banks or savings and loan institutions or money market mutual funds.)   |                                    |  |
| a. <u>Name</u> b. <u>Address</u>  |                                    |  |
| On attached sheet   |                                    |  |
| 8. IF THIS COMMITTEE SUPPORTS A SINGLE CANDIDATE: a.  | Check one: X Principal             | Campaign Committee Subsidiary Committee                      |
| b. Name of Candidate ELBERT L GUILLORY  |                                    | Office Sought by the Candidate Representatiave St. Landry 40 |
| 9. a. Name of Person Preparing Report CAROL I SPEER   |                                    |  |
| b. Daytime Telephone  |                                    |  |
| 10. WE HEREBY CERTIFY that the information contained in this STATEMENT OF ORGANIZATION is true and correct to the best of our knowledge, information and belief.  |                                    |  |
| Thisday of May,2008   | 3                                  |  |
|   |                                    |  |
| Elbert L. Guillory Signature of Committee/Chairperson   | _                                  | 337-942-6328  Daytime Telephone                              |
|   |                                    |  |
| Signature of Committee Treasurer, if any  |                                    | Daytime Telephone  |

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- 7. All Depositories for Committee Funds (committee funds must be deposited in one or more banks or savings and loan institutions or money market mutual funds.)
  - a. <u>Name</u> b. <u>Address</u>

WASHINGTON STATE BANK

Post Office Box 129 Washington, LA 70389